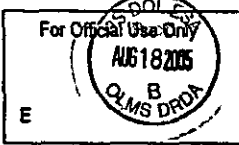


This report is mandatory under P L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9497	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name JOHN A JONES P O Box Bldg Room No if any Street 1002 SOUTH 8TH STREET City CLINTON State IN ZIP Code + 4 47842	4 Name file number and address of labor organization Name INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS, LOCAL UNION #725 Labor Organization File Number 042-780 P O Box Building and Room Number if any Street 5675 EAST HULMAN DRIVE City TERRE HAUTE State IN ZIP Code + 4 47803
5 Position in labor organization BUSINESS MANAGER & SUPPLEMENTAL PENSION TRUSTEE	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name _____ Trade Name, if any _____ P.O. Box, Bldg. Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a. Nature of Interest, Transaction, or Income _____ 7 b. Amount. <div style="text-align: right;">\$0</div>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John A. Jones

On

8/11/2005

Date _____

(765) 832-9767

Telephone Number

Name of Person Filing	JOHN A JONES	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any).

Name NECA-IBEW WELFARE TRUST FUND

Trade Name if any

P O Box Bldg Room No if any

Street 2120 HUBBARD AVENUE

City DECATUR

State IL ZIP Code + 4 62526

9 Business deals with

a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name NECA-IBEW WELFARE TRUST FUND

Trade Name if any

P O Box, Bldg. Room No if any

Street 2120 HUBBARD AVENUE

City DECATUR

State IL ZIP Code + 4 62526

11 a Nature of such dealing

TRUSTEE MEETING

11.b. Approximate dollar value of such dealing \$1050 71

12.a Nature of interest held or income received

TRAVEL EXPENSE REIMBURSEMENT

12.b Amount. \$1050 71

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13.b Is the Business an Employer or Consultant ?

14 b Amount of payment.

\$0

Name of Person Filing JOHN A JONES	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name NECA-IBEW PENSION TRUST FUND Trade Name if any P O Box Bldg Room No if any Street 2120 HUBBARD AVENUE City DECATUR State IL ZIP Code + 4 62526	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name NECA-IBEW PENSION TRUST FUND Trade Name if any P O Box Bldg Room No if any Street 2120 HUBBARD AVENUE City DECATUR State IL ZIP Code + 4 62526	11 a Nature of such dealing TRUSTEE MEETING 11 b Approximate dollar value of such dealing \$632 70 12 a Nature of interest held or income received TRAVEL EXPENSE REIMBURSEMENT 12 b Amount. \$632 70

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment. \$0